

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                  |
|--|--|------------------------|------------------|
|  |  | Application Number     | 10/766,378       |
|  |  | Filing Date            | January 27, 2004 |
|  |  | First Named Inventor   | Suzuki           |
|  |  | Art Unit               |                  |
|  |  | Examiner Name          |                  |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 8212             |

## ENCLOSURES (Check all that apply)

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> reference  |
| <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> CD, Number of CD(s) _____  | <input type="checkbox"/> Verified Translation   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <b>Remarks</b>  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Preliminary Amendment<br>Substitute Specification, Clean Version<br>Substitute Specification, Marked-up |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |  |
|-------------------------|--|--|
| Firm or Individual name | Kenneth L. Mitchell (Woodling, Krost and Rust) |  |
| Signature               |  |  |
| Date                    | April 9, 2004                                  |  |

## CERTIFICATE OF TRANSMISSION/MAILING

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| Signature             |                                  | Date April 9, 2004 |

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